Baptism Registration Form

Baptismal Name:				
House Name:				
	First Name	Mid	ldle Name	Last Name
Name of the				
Candidate:				
Candidate's Date of		Dlo	ce of Birth:	
Birth:		Га	Ce of Birtin.	
Proposed Date of				Time:
Baptism:				Time.
Proposed Church of				
Baptism:				
PARENTAL INFORMATION				
Name of the Father:	First Name	Mid	ldle Name	Last Name
Name of the Mother:	First Name	Mid	ldle Name	Last Name
		2		
Father's Religion:	- 3 2/	Mother's religion:		
Parish/				
Eparchy of Origin				
SYRO-MALABAR CATHOLIC PARISH				
ADDRESS				
House #:	Apartment #: Street:			
City:			Postal Code:	
Phone (Home):			Mobile:	
GOD PARENTS				
			le Name	Last Name
God Father:				
Cod Mother:	First Name	Middle Name		Last Name
God Mother:				
Religion:		Phone	<u>. </u>	
		1 11011	.	
Parish & Eparchy	,			,
Celebrant:				